

APPLICATION FOR FINAL PLAT
FAIRFIELD PLANNING COMMISSION
CITY OF FAIRFIELD, OHIO

1. Name of Subdivision: _____
2. Name of Applicant: _____
Address: _____
Phone No.: _____
Email Address: _____
3. Name of Owner of Record: _____
Address: _____
Phone No.: _____
4. Name of Surveyor or Engineer: _____
Address: _____
Phone No.: _____
Email Address: _____
5. Have the necessary construction drawings and construction cost estimates been furnished to the Department of Development Services and City Engineer? _____
6. Are Deed Restrictions proposed? _____ If yes, please attach a final copy.
7. Total Acreage: _____
8. Existing Zoning District: _____
9. No. of Proposed Lots: _____
10. Date of Preliminary Plat approval: _____
11. Have any changes been made since this Plat was last before the Planning Commission?
If yes, please describe. _____

12. Attach 3 copies to scale of the Final Plat in conformance with Section 1105.05 of the Planning and Zoning Code along with a filing fee outlined on page 3. Submit one electronic copy via CD or email (development@fairfield-city.org).

Planning Commission meets on the second and fourth Wednesday of every month. The full application, including the filing fee, must be submitted at least 10 days prior to the meeting.

Attach an affidavit of ownership indicating the dates the respective holdings of land were acquired, together with the deed book and page of each conveyance into the present owner as recorded in records of the Butler County Recorder. The affidavit shall indicate the legal ownership of the property and the date the contract of sale was executed.

The undersigned agrees that the submittal date for this plat shall be defined in Section 203.205, the date on which the Planning Commission first considers the plat at a regular meeting.

Signature of Applicant or Authorized Agent

Date

FOR OFFICIAL USE ONLY

Date Received: _____

Received By: _____

Date of Planning Commission meeting: _____
(Official submission date)

Filing Fee: \$100.00 plus \$5.00 per lot up to 30 lots and \$1.00 per lot over 30 lots.

Amount: _____

Paid by: _____

Check No.: _____

Date: _____